

The Growing Trend of Racial/Ethnic Minority Health Disparities: What is Indiana Doing?

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Background

Disparities in health status among various populations in the United States are not only vast, but appear to be increasing -- both with regard to premature death and to poorer general well-being. Regardless of unparalleled advancement in medical science, in some instances these disparities among population groups are widening both nationally and statewide.

Although Indiana is not as diverse as the nation as a whole, it is still reflective of the nation in terms of its constituent 2000 population.

	Indiana %	United States %
African American or Black	8.4%	12.3%
American Indian or Alaskan Native	0.3%	0.9%
Asian and Native Hawaiian and other Pacific Islanders	1.0%	3.6%
Hispanic or Latino	3.5%	12.5%
White	87.5%	75.1%

Each of the racial and ethnic groups has grown since the 1990 census, with the Hispanic or Latino population more than doubling in Indiana. As the population of the state and the nation continue to grow, there is a probability that the ever-increasing health disparity will amplify in the absence of planned intervention.

Reports

The Forum on Chronic Diseases in Minority Populations in Indiana is the first report that the Indiana State Department of Health (ISDH), Office of Minority Health (OMH), produced specifically to address health disparities. It listed a variety of concerns and factors that are believed to influence the status of minority health in Indiana, along with a summary of the testimonies and comments received during the public forum.

In 2002, the ISDH produced a publication that addressed minority health disparities. The 2001 Indiana Minority Health Report from the OMH, compares the leading causes of death among racial and ethnic groups in Indiana with national data and the goals and objectives of Healthy People 2010. The report presents the top 10 leading causes of death for each racial and ethnic group. In total, 15 leading causes of death are presented. Each cause of death is presented with a short review of the disease, progress tables of mortality rates for Indiana from 1995 to 1999, differences between race and ethnic groups, and a

comparison of Healthy People 2010 objectives targeted to that of national and Indiana mortality data. The report provides information to assess the changing health status of the community, to develop resources and interventions in areas of need, and to improve modifiable health risk factors for adverse health conditions. The 2001 Indiana Minority Health Report is available on the web at <http://www.in.gov/isdh/publications/minority2001/>.

The common theme between the two reports is the need to educate and empower the public regarding the prevention, detection, and the treatment of chronic disease.

What is being done?

In 2000, the Minority Health Advisory Committee (InMHAC) was created by the ISDH under the Indiana Minority Health Initiative to provide advice and guidance to the ISDH in addressing minority health disparities. The committee subsequently was charged with the task of proposing a plan for eliminating racial and ethnic health disparities in Indiana. Membership on the InMHAC is by appointment of the State Health Commissioner and is representative of the diversity of people and organizations.

The Healthy Indiana Minority Health Plan

On April 22, 2003, the InMHAC Chairperson, Edwin C. Marshall, O.D., M.S., M.P.H., along with the InMHAC working group, will submit the Healthy Indiana Minority Health Plan to Gregory A. Wilson, M.D., State Health Commissioner.

The Healthy Indiana Minority Health Plan flows directly from the 2001 IMHR and Healthy People 2010. The 2001 IMHR provides the necessary data to assess documented gaps in health status and identify critical areas of interventions for Indiana's racial and ethnic minority communities. The Healthy People 2010 objectives focus specifically on the areas of disease morbidity and mortality and identify immediate priorities for the InMHAC to establish Healthy Indiana Minority Health 2010 objectives.

The disease focus areas include the following:

- Cardiovascular Disease (Heart Disease)
- Malignant Neoplasms (Cancer)
- Cerebrovascular Disease (Stroke)
- Asthma
- Diabetes
- HIV/ AIDS
- Infant Mortality

The plan's overall approach is to view the solution in terms of structure, process, and outcome by identifying and applying Indiana-relevant objectives, activities, and strategies within existing structures and processes.
